									Application or Docket Number				ber
	PATENT A		N FEE DETERMINATION RECORD Ve October 1, 2000 FILED - PART I (Column 1) (Column 2) RATE FEE NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE 355.00 OR X\$ 9= X\$ 9= X\$ 9= X\$ 0R X\$ 18= OR X\$										
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)						. EN		OR		
то	TAL CLAIMS							RATI		FEE		RATE [,]	FEE
FOR		NUMBER F	ILED	NUMB	NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			29minı	ıs 20=	. 9			X\$ 9	=		OR	X\$18=	162
INDEPENDENT CLAIMS			C min	· /	1		X40=			OR	X80=	80	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=			OR	+270=	
* If the difference in column 1 is			less than zero, enter "0" in column 2					TOTAL			OR	TOTAL	45
CLAIMS AS AMENDED - PART II								CMAI		NTITV	` ∩R		
_		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1	SWIA					
AMENDMENT A	; ;	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY DFOR	PRESENT EXTRA		RAT	E	TIONAL		RATE	TIONAL
	Total	· 28	Minus	**	29,	=		X\$ 9	=		OR	X\$18=	
	Independent	. 3	Minus	***	4	= /		X40	=		OR	_X80 <u>≤</u>	
Ù	FIRST PRESE	NTATION'OF M	ULTIPLE DEP	ENDEN	TCLAIM]	1135			OB	+270=	
					U				ì			TOTAL	
	(Column 1) (Column 2) (Column 3								EE		Jon	ADDIT. FEE	<u></u>
		(Column 1) CLAIMS			HEST	T Column 3	4		_	ADDI	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY DFOR	PRESENT EXTRA		RAT	Ε	TIONAL		RATE	TIONAL
	Total	.25	Minus	** (39	=		X\$ 9)= 		OR	X\$18=	
	Independent	· 2	Minus	***	4	=		X40	=		OR	X80-	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	 5=		1		
		~									1	TOTAL	
(Column 1) (Column 2) (Column 3)									LL		-	ADDII. 1 EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	
	Total	*	Minus	**		=	1	X\$ 9)=	,	OR	X\$18=	
	Independent	*	Minus	***		=		X40	=		1	V00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		108		
	If the entry in colu	mn 1 is less than	the entry in colu	mn 2 wei	ite "O" in c	olumn 3		<u> </u>			OR		
**	If the "Highest Nu If the "Highest Nu	mber Previously F mber Previously I	Paid For" IN THI Paid For" IN THI	S SPACE S SPACE	is less that is less th	an 20, enter "2 an 3, enter "3."	TYPE						
ŀ	The "Highest Nurr	nber Previously Pa	aid For" (Total or	r Indepen	ident) is th	e highest numl	ber fo	ound in th	е ар	propriate bo	x in c	olumn 1.	